	Under the Paperwor	k Reduction Act of some		: 41		Approved	forus - u	PTO/88/08 (124) Th 7/81/2008, OMB 0861-001 PARTMENT OF COMMERO LA VAIId OMB 080101	
•	PAT	ENT APPLICATION	reons are required to res	spond to	of legion of l	Trademark O	goe! O'8' DE	Th 7/81/2008. OMB 0661-001	
		Subslitute	for form the area	NON	RECORD	antification tru	ese k gleblen	La valid OMB control purel	
	Under the Paperwork Reduction Act of 1995, no persons are regulated to respond to a collection of information un PATENT. APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-876 APPLICATION AS FILED — PART I						1 Applean	an pooke Hunder	
	ν,	-PARTI				1	000001		
<i>:</i>		(Column 1)	(Column 2)		SMALL I	ENTITY		OTUE	
	BASIC FEE	NUMBER FILED	NUMBER EXTRA	ا . ا		P1/(11.1	. OR	OTHER THAN SMALL ENTITY	
	187 CFR 1.18(a) (b) ~ (a)		TO MUCH EXTRA	-11-	RATE (F)	FEE (\$)			
	SEARCH FEE (17 CFR 1.16K), (11, or (m))			J L	_ 1		· }!	RATE (1) FEE (1)	
	CAMINATION CCC		<u> </u>	11					
.	(37 OFR 1.16(0), (p), or (q)) TOTAL CLAIMS			7 1-			- 1		
	10/ CFR 1,16(1)			- -		_			
٠.	INDEPENDENT CLAIMS (37 CER 1.16(N))	mlnus 20 =		x	· /-		<u> </u>		
		minus 3 =		$\int_{-\infty}^{\infty}$			OR X	_ =	
•	APPLICATION SIZE	If the specification and dra sheets of paper, the appli- is \$250 (\$125 for small as	awings exceed 100	1 1 ^			x		
- 4	(37 CFR 1.16(s))	15 \$250 (\$125 C	canon size (ee due	Ш	- 1	- 1			
. F		additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and	cilon thereof. See		· 1		- 1		
· L	MULTIPLE DEPENDENT OF	AIM PRESENT (37 CFR 1.16(1)	37 CFR 1.16(5).	: 		.	- 1	1 1	
l'	* If the different	WITT TESERT (37 DFR 1.160)		1.	1		 		
. 1	in difference in column 1	Is less than zero, enter or in o	olumn 2.	*****					
i i	APPLICATION	ON AS AMENDED - PAI	roim	. 10	TAL		TOTA		
- 1			RIII		,			"	
	(Colum		12) (Column 3)		4444		•		
	REMA	INING HIGHES	T		MALL ENTIT	OR OR	OT SMA	HER THAN ALL ENTITY	
MENDMENT	AFT AMEND	PREVIOUS	AY FYTRA	PATE		j ₍₋			
	Total of CFR LIGHT	OG Minus + OG			TION		RATE (\$)	ADDI. TIONAL	
12	tridependent C	2 Minus -		K	=	7		FEE (1)	
. §	Application Size Fee (37 C	50 1 1000		x	=	OR OR	×	= //	
						OR	X -		
	3. 26	ULTIPLE DEPENDENT CLAIM . (37.	CFR 1.16(II)		1.1	-			
17	700/			TOTAL		OR L			
	(Column t	0	. A	OD'L FEE		OR	TOTAL VOD'L FEE		
	CLAIMS	(Column 2)	(Column 3)			: "			
5	REMAININ AFTER	NUMBER	PRESENT	RATE (4)	ADDI-	7 _	·		
. I 00 F	Total AMENDME	Minus 4	EXTRA		TIONAL	1 1	RATE (\$)	ADDI.	
· §	Independent PI OFR 1.15(N)		= \ \ \ \		FEE (1)	1 -		TIONAL FEE (\$)	
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· \$ 4	opplication Size Fee (37 CFR	1.16(s))	×	<u>;</u> =	<u> </u>	OR: X	=		
J-F	IRST PRESENTATION OF MULTI	PLE DEPENDENT CLAIM (37 CFR	(400)						
		to O.M.	1.16(OR .			
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""	the "Highest Number Brooks"	ian the entry in column 2, write	O' la column a	L FEE		OR SOL	LFEE	1	
· · · · · · · · · · · · · · · ·	in intest Kamper Previous	Ly Dald Can Will The Of NOE IS I	ess than 20, enter *20.						
This collect	tion of information is require	raid For (Total or Independent	Is the highest number to	'ound la th	A 600 1 -	,		1	
Induding ga	process) an application. Conf	identially is governed by 35 11's	llon is required to obtain	n or relati	appropriate t	the nublication		1	
This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application for reducing the user of time you require to complete this form and/or suggestions for reducing fill vary depending upon the individual case. Any continents ADDRESS. SEND TO: Commissioner for Patents, P.O. Box. 1450, Alexandria, VA 22313-1450. (1701 need explores to the formation of this specific to the following this tomal to the sent to the following the complete this formation. P.O. Box. 1450, Alexandria, VA 22313-1450.									
ADDRESS.	SEND TO: Commission	Conimerce, P.O. Box 1450, Al	is ior reducing this burde	en, should	be sent to the	on the Individu	al case. Any o	onthero.	
•		51 101 1 aleilla, P.U. Box.14	50, Alexandria, VA 2	2313-14	1. SEND FEES 50.	OR COMPLE	TED FORMS	S. Paleni TO THIS	
	If you need assistance in completing the form, call 1-800-PTC 2100 and all 1-800-PTC 2100 a								